

History of Child Protection and Foster Care*

Early History of Child Protection and Foster Care

The origin of modern foster family care can be traced to New York City in 1849. Police were concerned about a large number of vagrant children living on the streets of New York.¹ Charles Loring Brace, a minister, founded the Children's Aid Society in response and developed the Placing Out System. The approach appealed to motives of Christian charity and the need for farm labor. Between 1854 and 1929 an estimated 100,000 children were shipped on orphan trains to the Midwest where families took the children and raised them in return for the value of their labor. Most reports indicate that the children fared well. But clearly, the children were viewed as a resource to meet the needs of foster families; that the reverse occurred was of secondary importance. In effect, foster care began as a form of indentured servitude.

Legal issues of child protection trace their origin to the case of Mary Ellen in 1875. Mary Ellen was beaten and neglected by a couple with whom she lived since her infancy. Because there was no legal measure available to protect children at that time, community leaders appealed to the Society for the Prevention of Cruelty to Animals. Because the law did protect animals from abuse, the complaint was accepted and protection was granted to Mary Ellen. Her guardians were sent to prison.²

Foster Care As Service to Foster Families

Consider the implications of these beginnings. Since foster care was a service to foster families, it was easy to view foster families as clients, a status that lingers even today. Similarly, it left the role of the birth family unclear, and defined it as unimportant. This status influenced our approach to recruitment. We viewed prospective foster families' primary motivations as the desire for a child and consequently we promoted children in most recruitment media. There was little attempt to match children's needs with family strengths, resulting in placement practices based on the preferences of the family. Also, the goal was generally long-term placement, a type of informal adoption. The focus of placement was on the child's adjustment to the foster family and on alleviating the child's presenting problems, only so far as they related to a successful (stable) placement.

* Adapted from *Achieving Permanence Through Teamwork* (Atlanta, Georgia: Child Welfare Institute, revised 1994). Adapted from original material by Thomas D. Morton, et al. *Fostering Permanence: Goal-Focused Foster Care Practice* (Atlanta, Georgia: Child Welfare Institute, 1988). All rights reserved. May not be reproduced or adapted for any use other than the EQUIP foundation training without permission from the Child Welfare Institute.

Charles Birtwell and the Boston Children's Aid Society, beginning in 1886, developed a model that substantially formed the basis of modern practice. Birtwell's approach focused on the needs of the child. Placements were individualized based on a study of the child. He conceived of children being restored to their parents, developed a means for studying foster families and began to shift the trend of using foster care to rescue children from their parents. He pioneered the concept of reimbursing foster families for the expenses of care, giving the agency more freedom in selection and reducing discomfort associated with supervision of the home.³

Foster Care As Service to Birth Families

The shift to using foster care as a temporary resource was accompanied by the development of supportive services for birth parents. Although foster care was ideally temporary, evidence emerged in the late 1950s suggesting that temporary care was becoming a permanent way of life for many children. Maas and Engler⁴ in 1959 chronicled practices that were later to be labeled as foster care drift. Children were experiencing multiple placements and little effort was realistically being made to alter this condition. The later publication of Fanshel and Shinn's⁵ longitudinal study of children in foster care and two other major studies published by the U.S. Children's Bureau and the Children's Defense Fund⁶ spurred the call for national legislation to bring abuses of foster care to an end through a series of practice and policy reforms.

The passage of PL 96-272, known as the Child Welfare Reform Act of 1980, and similar state legislation, such as The Child Welfare Reform Act passed in New York in 1979, instituted several changes in practice. One of the most significant changes was the requirement of a review of the case plan at six-month intervals and a required dispositional hearing at 18 months. Other federal requirements included a case plan (at one point it was estimated that less than 50 percent of cases had clearly defined plans); a judicial determination that reasonable efforts had been made to prevent placement; the development of case tracking and monitoring systems to ensure that children did not get lost in the system; and the development of preventive service programs designed to reduce the need for placement. States' continued access to federal funds for foster care was dependent on passing periodic reviews of efforts and compliance with these requirements. The revisions in 1997 to the Social Security Act by ASFA changed the 18-month time frame to 12 months.

Decade of Reform S And New Reforms

The decade from the late seventies to the mid-eighties has been referred to as the era of child welfare reform. In addition to legislation, numerous court decisions have altered practice. For example, a consent decree resulting from the Zumwalt case in Missouri required the state to develop a Life Book for each child in foster care and mandated training for foster parents. The presence of child abuse within foster homes has prompted states to respond with such measures as records checks against the state central child abuse registry for prospective

foster parents and prohibiting the use of corporal punishment in foster homes.

Reform, like most endeavors, has had both positive and negative effects. On the positive side, more than 40 percent fewer children are in foster care today than a decade ago. Children stay in care for shorter periods of time and experience fewer placements. However, on the negative side, the publicity that reform has stimulated has given the public and the field an image of foster care as being an uncaring system where children are lost or even abused. This image belies the experience of most children. In the early sixties many dependent, neglected and abused children were sheltered in juvenile detention facilities and adult jails. The foster family care system was greatly expanded during this era as a humane alternative to these conditions.

Practically speaking, the foster care system does not bring children into care and many foster care systems do not control exit. The decision to place is made by Child Protection Services (CPS) and the courts, and children's exit from care is based on others' work with birth families or adoption efforts. This does not suggest that foster care should not be accountable for its actions, but rather implies a need to better integrate child protective and adoptive services with foster care.

The evidence of this is particularly visible in agencies which have moved to increase the partnership between birth parents and foster or adoptive parents. Parent preparation and selection models such as the Group Preparation and Selection Program for Foster and Adoptive Families of the Model Approach to Partnerships in Parenting have successfully demonstrated it is possible to prepare foster parents to work in partnership with birth families. However, one of the greatest barriers to building this partnership in these agencies continues to be the absence of support from foster care, adoption and CPS staff for the foster parent/birth parent alliance or for including the foster parent as a legitimate member of the service team. Evidence exists that the foster parent's ownership of the permanency planning role influences case outcomes. Ownership and partnership in parenting contribute positively toward earlier attainment of the permanency goal. Partnerships in parenting is not just a value. It is a basis of practice necessary to maximize benefits for children.

Best practice today requires agency child welfare staff to work from a strengths-based, family focus. Best practice means also that staff build professional team relationships with foster parents and other helpers to best support families. Best practice finally requires honest, direct and timely support of parents in their role as parents. This does not preclude concurrent planning, a practice which allows for the simultaneous provision of reunification and alternative permanency planning services within a structured framework that gives birth parents fair opportunities to reclaim their families without robbing children of their chance for timely permanence.

References

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6. Anne Shyne and Anita Schroeder. *National Study of Social Services to Children and Their Families* (Washington, D.C.: U.S. Children's Bureau, Office of Human Development Services, Administration for Children, Youth and Families, HEW, 1978).
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